



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R4/11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11
REPORT

1

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name EMILY ARMONIA SHROCK		2. Committee Telephone Number (765) 860-4324	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address PO BOX 1542			
4. City INDIANAPOLIS	State IN	ZIP Code 46206	5. Party Affiliation or if Independent Candidate DEMOCRAT
6. Office Sought (include district number, if any. Not required for exploratory committee.) INDIANAPOLIS CITY-COUNTY COUNCIL DISTRICT 16			7. County of Residence MARION
8. Reporting Period: From: April 11, 2015 Through: October 9, 2015			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS street, number, city, state, ZIP code		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN 3 AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification NONE	1. HOGSETT FOR INDIANAPOLIS 133 E. MARKET ST. #190 INDIANAPOLIS, IN 46204 Contributor's Occupation (if applicable) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	\$5,000.00	10/21/15 EAS
Classification	2. Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____		
Classification	3. Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____		

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer [Signature]	Title Treasurer	Date (MM-DD-YY) 10-23-15
Signature of Candidate (if applicable) [Signature]		Date (MM-DD-YY) 10-23-15

Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

FOR OFFICE USE ONLY

[Signature]

OCT 23 2015

FILED